

# EXHIBIT 11

IN THE CIRCUIT COURT OF THE  
TWENTIETH JUDICIAL CIRCUIT IN AND  
FOR LEE COUNTY, FLORIDA

IN RE: THE MARRIAGE OF:

CASE NO.: 22-DR-005179

MARIAN FERNANDES DURNING  
Petitioner,

JUDGE: LEE ANN SCHREIBER

and

BRIAN PATRICK DURNING  
Respondent.

**NOTICE OF FILING**

COMES NOW the Petitioner, MARIAN FERNANDES DURNING, and hereby files the  
Respondent's Financial Affidavit.

**I HEREBY CERTIFY** that a true and correct copy of the attached has been sent by  
EMail on October 14, 2022 to: briandurning05@gmail.com

s/Arnie B. Gruskin, Esq.  
ARNIE B. GRUSKIN, PA  
Counsel for Petitioner  
265 S Federal Hwy, 313  
Deerfield Beach, FL 33441-4161  
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(954) 525-8848  
Florida Bar Number: 307556

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)**

(\$50,000 or more Individual Gross Annual Income)

I, {full legal name} Brian Patrick Durning, being sworn, certify  
that the following information is true:

**SECTION I. INCOME**

1. My age is: 51  
2. My occupation is: Independent sales  
3. I am currently

[Check *all* that apply]

- a. ☐ Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: \_\_\_\_\_

- b. ☐ Employed by: Self-Employed

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month

( ) monthly ( ) other: \_\_\_\_\_

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: \_\_\_\_\_

\_\_\_\_ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

YEAR 2022

\$ 0

\$ \_\_\_\_\_

1. \$ 0 Monthly gross salary or wages
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (Attach sheet itemizing such income and expenses.)
4. Monthly disability benefits/SSI
5. Monthly Workers' Compensation
6. Monthly Unemployment Compensation
7. Monthly pension, retirement, or annuity payments
8. Monthly Social Security benefits
9. Monthly alimony actually received (Add 9a and 9b)  
9a. From this case: \$  
9b. From other case(s):
10. Monthly interest and dividends
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. Monthly income from royalties, trusts, or estates
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
14. Monthly gains derived from dealing in property (not including nonrecurring gains)  
Any other income of a recurring nature (identify source)
- 15.
- 16.
17. \$ 0 **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1 through 16).

18. \$ 0 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)  
 a. Filing Status \_\_\_\_\_  
 b. Number of dependents claimed \_\_\_\_\_

19. \_\_\_\_\_ Monthly FICA or self-employment taxes

20. \_\_\_\_\_ Monthly Medicare payments

21. 0 Monthly mandatory union dues  
22. 0 Monthly mandatory retirement payments  
23. 0 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship  
24. 0 Monthly court-ordered child support actually paid for children from another relationship  
25. 0 Monthly court-ordered alimony actually paid (Add 25a and 25b)  
25a. from this case: \$ 0  
25b. from other case(s): 0  
26. \$ 0 **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**  
(Add lines 18 through 25).  
27. \$ 0 **PRESENT NET MONTHLY INCOME**  
(Subtract line 26 from line 17).

## SECTION II. AVERAGE MONTHLY EXPENSES

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

### HOUSEHOLD:

1. \$ 0 Monthly mortgage or rent payments  
2. 0 Monthly property taxes (if not included in mortgage)  
3. 0 Monthly insurance on residence (if not included in mortgage)  
4. 0 Monthly condominium maintenance fees and homeowner's association fees  
5. 0 Monthly electricity  
6. 0 Monthly water, garbage, and sewer  
7. 0 Monthly telephone  
8. 0 Monthly fuel oil or natural gas  
9. 0 Monthly repairs and maintenance  
10. 0 Monthly lawn care  
11. 0 Monthly pool maintenance  
12. 0 Monthly pest control  
13. 0 Monthly misc. household  
14. 0 Monthly food and home supplies  
15. 0 Monthly meals outside home  
16. 0 Monthly cable t.v.  
17. 0 Monthly alarm service contract  
18. 0 Monthly service contracts on appliances  
19. 0 Monthly maid service

Other:

20. 0  
21. 0  
22. 0  
23. 0  
24. 0  
25. \$ 0 **SUBTOTAL** (add lines 1 through 24).

**AUTOMOBILE:**

26. \$ 0 Monthly gasoline and oil  
27. \_\_\_\_\_ Monthly repairs  
28. \_\_\_\_\_ Monthly auto tags and emission testing  
29. \_\_\_\_\_ Monthly insurance  
30. \_\_\_\_\_ Monthly payments (lease or financing)  
31. \_\_\_\_\_ Monthly rental/replacements  
32. \_\_\_\_\_ Monthly alternative transportation (bus, rail, car pool, etc.)  
33. \_\_\_\_\_ Monthly tolls and parking  
34. \_\_\_\_\_ Other: \_\_\_\_\_  
35. \$ 0 **SUBTOTAL** (add lines 26 through 34)

**MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:**

36. \$ 0 Monthly nursery, babysitting, or day care  
37. \_\_\_\_\_ Monthly school tuition  
38. \_\_\_\_\_ Monthly school supplies, books, and fees  
39. \_\_\_\_\_ Monthly after school activities  
40. \_\_\_\_\_ Monthly lunch money  
41. \_\_\_\_\_ Monthly private lessons or tutoring  
42. \_\_\_\_\_ Monthly allowances  
43. \_\_\_\_\_ Monthly clothing and uniforms  
44. \_\_\_\_\_ Monthly entertainment (movies, parties, etc.)  
45. \_\_\_\_\_ Monthly health insurance  
46. \_\_\_\_\_ Monthly medical, dental, prescriptions (nonreimbursed only)  
47. \_\_\_\_\_ Monthly psychiatric/psychological/counselor  
48. \_\_\_\_\_ Monthly orthodontic  
49. \_\_\_\_\_ Monthly vitamins  
50. \_\_\_\_\_ Monthly beauty parlor/barber shop  
51. \_\_\_\_\_ Monthly nonprescription medication  
52. \_\_\_\_\_ Monthly cosmetics, toiletries, and sundries  
53. \_\_\_\_\_ Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)  
54. \_\_\_\_\_ Monthly camp or summer activities  
55. \_\_\_\_\_ Monthly clubs (Boy/Girl Scouts, etc.)  
56. \_\_\_\_\_ Monthly time-sharing expenses  
57. \_\_\_\_\_ Monthly miscellaneous  
58. \$ 0 **SUBTOTAL** (add lines 36 through 57)

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP**

(other than court-ordered child support)

59. \$ \_\_\_\_\_  
60. \_\_\_\_\_  
61. \_\_\_\_\_  
62. \_\_\_\_\_  
63. \$ 0 **SUBTOTAL** (add lines 59 through 62)

**MONTHLY INSURANCE:**

64. \$ 0 Health insurance (if not listed on lines 23 or 45)

65. \_\_\_\_\_ Life insurance

66. \_\_\_\_\_ Dental insurance.

Other:

67. \_\_\_\_\_

68. \_\_\_\_\_

69. \$ 0 **SUBTOTAL** (add lines 66 through 68, exclude lines 64 and 65)

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70. \$ 0 Monthly dry cleaning and laundry

71. \_\_\_\_\_ Monthly clothing

72. \_\_\_\_\_ Monthly medical, dental, and prescription (unreimbursed only)

73. \_\_\_\_\_ Monthly psychiatric, psychological, or counselor (unreimbursed only)

74. \_\_\_\_\_ Monthly non-prescription medications, cosmetics, toiletries, and sundries

75. \_\_\_\_\_ Monthly grooming

76. \_\_\_\_\_ Monthly gifts

77. \_\_\_\_\_ Monthly pet expenses

78. \_\_\_\_\_ Monthly club dues and membership

79. \_\_\_\_\_ Monthly sports and hobbies

80. \_\_\_\_\_ Monthly entertainment

81. \_\_\_\_\_ Monthly periodicals/books/tapes/CDs

82. \_\_\_\_\_ Monthly vacations

83. \_\_\_\_\_ Monthly religious organizations

84. \_\_\_\_\_ Monthly bank charges/credit card fees

85. \_\_\_\_\_ Monthly education expenses

86. \_\_\_\_\_ Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) \_\_\_\_\_

87. \_\_\_\_\_

88. \_\_\_\_\_

89. \_\_\_\_\_

90. \$ 0 **SUBTOTAL** (add lines 70 through 89)

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on outstanding balances). List only last 4 digits of account numbers.

**MONTHLY PAYMENT AND NAME OF CREDITOR(s):**

91. \$ 0

92. \_\_\_\_\_

93. \_\_\_\_\_

94. \_\_\_\_\_

95. \_\_\_\_\_

96. \_\_\_\_\_

97. \_\_\_\_\_

98. \_\_\_\_\_

99. \_\_\_\_\_

100. \_\_\_\_\_

101. \_\_\_\_\_

102. \_\_\_\_\_

103. 0

104. \$ 0 **SUBTOTAL** (add lines 91 through 103)

105. \$ 0 **TOTAL MONTHLY EXPENSES:**  
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

**SUMMARY**

106. \$ 0 **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

107. \$ 0 **TOTAL MONTHLY EXPENSES** (from line 105 above)

108. \$ 0 **SURPLUS** (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.)

109. (\$ 0) **(DEFICIT)** (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.)

**SECTION III. ASSETS AND LIABILITIES**

**A. ASSETS (This is where you list what you OWN.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the line in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.		B Current Fair Market Value	C Nonmarital (Check correct column)	
			husband	wife
<input type="checkbox"/>	Cash (on hand)	\$ 100		
<input type="checkbox"/>	Cash (in banks or credit unions)	\$ 100		
<input type="checkbox"/>				
<input type="checkbox"/>	Stocks/Bonds			
<input type="checkbox"/>				



	Notes (money owed to you in writing)	0		
	Money owed to you (not evidenced by a note)	0		
	Real estate: (Home)	0		
	(Other)			
	Business interests	0		
	Automobiles	0		
	Boats	0		
	Other vehicles	0		
	Retirement plans (Profit Sharing, Pension, IRA, [REDACTED] etc.)	0		
	Furniture & furnishings in home	0		
	Furniture & furnishings elsewhere	0		
	Collectibles	0		

Jewelry	0			
Life insurance (cash surrender value)	0			
Sporting and entertainment (T.V., stereo, etc.) equipment	0			
Other assets:	0			
Total Assets (add column B)	\$ 0			

**B. LIABILITIES/DEBTS (This is where you list what you OWE.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the line in **Column A** next to any debt(s) for which you believe you should be responsible.

**STEP 3:** In column B, write what you believe to be the current amount owed for all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

<b>A</b> <b>LIABILITIES: DESCRIPTION OF ITEM(S)</b>		<b>B</b> Current Amount Owed	<b>C</b> Nonmarital (Check correct column) husband      wife	
<b>LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS.</b> <b>Check the line next to any debt(s) for which you believe you should be responsible.</b>				
Mortgages on real estate:	First mortgage on home	\$0		
	Second mortgage on home	0		
	Other mortgages	0		
	Charge/credit card accounts	0		
	Auto loan	0		
	Auto loan	0		
	Bank/Credit Union loans	0		
	Money you owe (not evidenced by a note)	0		
	Judgments	0		
	Other:	0		
<b>Total Debts (add column B)</b>		\$0		

**C. NET WORTH (excluding contingent assets and liabilities)**

\$ \_\_\_\_\_ **Total Assets** (enter total of Column B in Asset Table; Section A)

\$ \_\_\_\_\_ **Total Liabilities** (enter total of Column B in Liabilities Table; Section B)

\$ 100 **TOTAL NET WORTH (Total Assets minus Total Liabilities)**  
(excluding contingent assets and liabilities)

**D. CONTINGENT ASSETS AND LIABILITIES**

**INSTRUCTIONS:**

If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets		B Possible Value	C Nonmarital (Check correct column)	
Check the line next to any contingent asset(s) which you are requesting the judge award to you.			husband	wife
<input type="checkbox"/>		\$ 0		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Total Contingent Assets		\$ 0		

A Contingent Liabilities		B Possible Amount Owed	C Nonmarital (Check correct column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible.			husband	wife
<input type="checkbox"/>		\$ 0		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Total Contingent Liabilities		\$ 0		

**E. CHILD SUPPORT GUIDELINES WORKSHEET.** Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, **MUST** be filed with the court at or prior to a hearing to

establish or modify child support. This requirement cannot be waived by the parties.

[Check **one** only]

       **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

☒ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

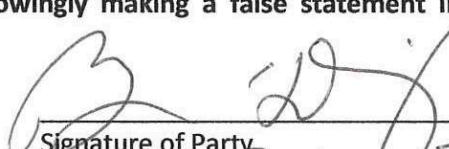
I certify that a copy of this financial affidavit was [check all used]: ( ) e-mailed ( ) mailed, ( ) faxed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: Aug 17, 2022

  
Signature of Party  
Printed Name: Brian Durning  
Address: 2044 El Molino Ave  
City, State, Zip: Attadena, CA 91001  
Fax Number: X  
E-mail Address(es): briandurning65@gmail.com

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk] \*SEE ATTACHED

\_\_\_\_\_  
Personally known  
\_\_\_\_\_  
Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: {choose only **one**} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

 Last



